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CONFIRMATION NO. 7655

<b>SERIAL NUMBER</b> 10/660,069	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 5853-283
<b>APPLICANTS</b> Ronald L. Hayes, Gainesville, FL; Kevin K.W. Wang, Gainesville, FL; Brian R. Pike, Derwood, MD; <i>SLW</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/409,920 09/11/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>None, SLW</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Stanley A. Kim</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 37
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> Stanley A. Kim, Ph.D., Esq. Akerman Senterfitt Suite 400 222 Lakeview Avenue West Palm Beach, FL 33402-3188				
<b>TITLE</b> Analyzing nerve cell damage				
<b>FILING FEE RECEIVED</b> 593	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	